



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT SECURITY AND INTEGRITY OF MANAGEMENT INFORMATION SYSTEM DATA	POLICY NO. 104.2	EFFECTIVE DATE 10/01/89	PAGE Page 1 of 3
APPROVED BY: Original signed by: ROBERTO QUIROZ Director	SUPERSEDES 304.4 2/22/89	ORIGINAL ISSUE DATE 12/1/82	DISTRIBUTION LEVEL(S) 1, 3

PURPOSE

- 1.1 To assure the confidentiality, integrity, and availability of all information entered and maintained in the Department of Mental Health (DMH) Management Information System (MIS).

DEFINITIONS

- 2.1 Management Information System (MIS) The MIS is the mainframe-based computer system used to collect, store, process, retrieve and disseminate information regarding clients, services, providers, and staff within the DMH treatment system.
- 2.2 Short-Doyle Act This State legislation provided funding to communities to provide mental health services, stipulating standards of treatment, cost reporting, and data collection.
- 2.3 Password A password is a code issued by the MIS Division to provider and DMH headquarters staff to allow entry of and access to information using the computer terminals.
- 2.4 Inquiry An inquiry refers to the act of accessing information (using the computer terminals) from the MIS without accompanying data entry.

POLICY

- 3.1 All employees, whether permanent, temporary, part-time, or any other, shall be held personally accountable for their actions or negligence in ensuring the confidentiality, integrity, and availability of DMH-MIS data.
- 3.2 All DMH policies and legal requirements pertinent to confidentiality shall be maintained and observed.
- 3.3 Only personnel authorized by DMH who have signed confidentiality oaths may have access to client information or be issued passwords. The respective Deputy Director or designee, in consultation with MIS Division, determines and assigns the level of access of each staff to the MIS data file.
- 3.4 No person shall allow any other person to use his/her password to access or enter data on the MIS.



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- 3.5 Inquiry requests shall be limited to necessary access to data to carry out specific assigned duties and responsibilities. A record of all inquiries shall be maintained on the MIS Inquiry Only Log.
- 3.6 Inquiry and/or release of client information must be in compliance with all relevant DMH policies, including, but not limited to, the following:
 - 3.6.1 Ownership of Records and Release of Patient Information
 - 3.6.2 Procedures for the Release of Mental Health Records and/or Information
 - 3.6.3 Twenty-four (24) Hour Care Facilities Release With Patient/Legal Representative's Authorization
 - 3.6.4 Twenty-four (24) Hour Care Facilities Release Without Patient/Legal Representative's Authorization
 - 3.6.5 Confidentiality of Clinical Records
 - 3.6.6 Patient Access to Mental Health Clinical Records
 - 3.6.7 Release of Patient Records and/or Information from Mental Health Clinical Records
- 3.7 Facility/Program Directors shall be responsible for maintaining the security of the MIS terminals and peripheral equipment located in the facility.
- 3.8 Distribution and use of reports containing confidential client information shall follow pertinent DMH confidentiality procedures, including clear labeling of each page as "Confidential" information.
- 3.9 Facility/Program Directors shall be responsible for determining, maintaining records of, and taking appropriate action for any security violations in their facility. Such action includes notification of the Chief, MIS Division. Knowledge of a security violation must be reported immediately to one's supervisor.
- 3.10 DMH management shall ensure that the systems and operating procedures developed and operated by and for the DMH contain internal and external controls so that there is no concentration of authority sufficient for one individual to commit undetected malicious or fraudulent acts.



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- 3.11 DMH management shall cultivate and maintain a high level of employee awareness of the importance of data security. This employee awareness shall at a minimum consist of a signed acknowledgement of responsibilities under this policy and other such security policies and standards the DMH has implemented.
- 3.12 Purposeful violation of this policy may result in disciplinary action up to and including dismissal. Civil penalties may also be appropriate.

AUTHORITY

Welfare and Institutions Code, Section 5328
MIS Procedures Manual

ATTACHMENTS

Confidentiality Oath for Password Recipients (DMH Directly-Operated Facilities)
Confidentiality Oath for Password Recipients (DMH Contract Agencies).

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MANAGEMENT INFORMATION SYSTEM

CONFIDENTIALITY OATH FOR PASSWORD RECIPIENTS
(Directly Operated Facilities)

I certify that I have read and received a copy of the Department of Mental Health Policy on Management Information System Confidentiality. I hereby agree to abide by all policies and procedures on confidentiality and instructions in the MIS Procedures Manual. I understand that disciplinary action up to and including termination from County employment may be invoked for violation of these policies and/or procedures.

Further, I understand that I may be liable for civil penalties under W and I Code Section 5328 and that the County will not provide legal protection if violations of these policies or procedures occur.

Signed _____

Facility/Office _____

Bureau _____

Date _____

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MANAGEMENT INFORMATION SYSTEM

CONFIDENTIALITY OATH FOR PASSWORD RECIPIENTS
(Contract Providers)

I certify that I have read and received a copy of the Department of Mental Health Policy on Management Information System Confidentiality. I hereby agree to abide by all policies and procedures on confidentiality and instructions in the MIS Procedures Manual. I understand that disciplinary action up to and including termination from County employment may be invoked for violation of these policies and/or procedures.

Further, I understand that I may be liable for civil penalties under W and I Code Section 5328.

Signed _____

Facility/Office _____

Bureau _____

Date _____